

EXHIBIT 1

EXHIBIT 1



F A R M E R S®

| Amount last billed: | Amount paid: | Total due: | Cancellation date: |
|---------------------------|-----------------|---------------|-----------------------|
|---------------------------|-----------------|---------------|-----------------------|

Cancellation Notice
(Non-Payment of Premium)

| | | | |
|-------------|--------|-------------|----------|
| \$ 1,228.74 | \$.00 | \$ 1,228.74 | 01-27-06 |
|-------------|--------|-------------|----------|

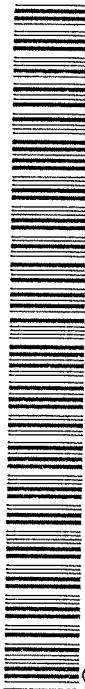
(If the total due has been paid, please disregard this notice.)

The payment to keep your policy in force was not received by 01-12-06.

Your policy is cancelled effective 01-27-06 at 12:01 A.M. You may be billed for any unpaid premium for the time your policy was in force. If we receive your payment of \$ 1,228.74 by 01-27-06, your policy will continue without interruption of coverage.

If you have obtained insurance with another company, please contact your agent. Any premium due to you because of this cancellation will be refunded promptly or on demand.

Policy Information



Insurance provided by: FIRE INSURANCE EXCHANGE

Named insured: MICHELLE WAHL

Policy number: 92723 19 41

Property location: 785 LOGAN CREEK RD
BOULDER CK, CA 95006

Agent: TINA ANDRETTA, LUTCF

Phone: (831) 462-6100

Agent's e-mail: tandreatta@farmersagent.com

For information regarding this notice, your policy or bill, please contact your agent.

25-0005 9-04 Printed on: 01-13-06

Please read important policyholder messages on reverse side.

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FD 0000058
120016
Farmers Insurance Group
11555 Dublin Canyon Rd
Pleasanton CA 94588

Please write your policy number on your check and return this invoice with payment. Your cancelled check is your receipt. **Thank You!**

Invoice

Make check payable to: FIRE INSURANCE EXCHANGE

| | | | |
|-------------------------------|--------------------------------|---------------------------|---|
| Policy number: 92723 19 41 | Cancellation date: 01-27-06 | Total due: \$ 1,228.74 | Date we must receive payment to avoid cancellation: 01-27-06 |
|-------------------------------|--------------------------------|---------------------------|---|

For more information regarding your policy or bill, visit our web site at www.farmers.com

Agent Number: 96-86-309

9773969272319411228741228743



FARMERS INS GRP OF COS
PO BOX 25022
SANTA ANA CA 92799-5022

MICHELLE WAHL
785 LOGAN CREEK RD
BOULDER CK, CA
95006



25-0005 9-04

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WAHL 0204

California policyholders: Cancellation and failure to renew certain Property Insurance (applicable to policies insuring Residential Property not exceeding Four Dwelling Units and Personal Property of occupants of such Residential Properties), upon written request of the named insured, the Insurer shall furnish the facts on which the cancellation is based.

Missouri policyholders: If you wish to secure coverages from another insurance carrier, contact your agent or broker immediately. You or your agent may also apply to the Missouri Property Insurance Placement Facility for insurance coverages. Application may be made by mail or in person to the following address: Missouri Property Insurance Placement Facility, 906 Olive Street, Suite 1000, St. Louis, MO 63101. Phone: (314) 421-0170. Any excess premium must be refunded within thirty (30) days.

Nevada policyholders: You have the right to request information regarding the facts upon which the reason(s) for this cancellation is based. We are required to respond within six (6) days after receipt of your written request.

Ohio policyholders: If you have cause to believe this cancellation is based on erroneous information or is contrary to law or the terms of the policy, you are entitled to have the matter reviewed by the Superintendent of Insurance by submitting a written application to the Superintendent not later than the effective date of cancellation of the policy. If the Superintendent of Insurance holds a hearing, a \$5.00 deposit must be made but will be returned to you if the finding is in your favor.

Oregon policyholders: Coverage may be obtained from other Companies, on Assigned Risk or Fair Plan Association. Within 30 days after receiving cancellation notice, the insured may request a hearing before the commissioner regarding the insurer's reasons for cancellation.

Wisconsin policyholders: If the cancellation date has passed and you would like to reissue this policy, we suggest that you send your premium now. You will be informed whether your policy has been reissued, and if so, the exact date and time.

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